

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  06/13/2011
NAME OF PROVIDER OR SUPPLIER  PICKETT CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke barriers as required.</p> <p>The findings include:</p> <p>On 6/13/11 at 2:45 PM, observation above the 100 hall fire door ceiling area revealed there were penetrations in the smoke wall. This finding was corrected during the survey.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 6/13/11.</p>	K 025	<p><b>K025</b> <b>Corrective Actions for residents affected:</b> As stated on the 2567 caulking was conducted by the Maintenance Supervisor prior to Fire Marshall's exit on 6/13/11 and the finding was corrected.</p> <p><b>Identification of residents with potential to be affected:</b> On 6/14/11 the Maintenance Supervisor examined all other firewalls for penetrations and improper caulking with no other findings.</p> <p><b>Measures to prevent reoccurrence:</b> The Maintenance Supervisor will conduct semi-annual checks of the condition of the firewalls. These checks will include and examination of the caulking to ensure continued compliance. In addition, Maintenance Supervisor will conduct post construction checks should outside vendors be contracted for labor related assignments that potentially involves penetrations to the building's firewalls.</p> <p><b>Monitoring of Corrective Action:</b> As a means of Quality Assurance the Maintenance Supervisor will report findings and corrections subsequent to assigned compliance rounds to the Safety Committee.</p>	6/13/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.